



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18015578/K1qb			
73 BRAS BASAH ROAD		Date: 27-08-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJE 7737S	Veh. Inspected	SHA 9452U
Policy No.	5056230413-05	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/08/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	24/08/2018	Inspection Date	27/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/08/2018 17:51"/>
Vehicle No.(For Motor)	<input type="text" value="SJE7737S"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S056230413-05		MAINS NADINE LAUREN	G5713615X	GPC	drive CLASSIC	SJE7737S	SJE7737S	23/11/2017	22/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1009373-001	COMFORT TRANSPORTATION PTE LTD	SHC 3055L	PC 3697P	19/8/2018	\$ 1,623.66	\$ 1,095.46
2	MT/1009185-002	COMFORT TRANSPORTATION PTE LTD	SHC 8825Z	SFE 2060R	28/8/2018	\$ 2,892.18	\$ 800.00
3	MT/1009007-002	COMFORT TRANSPORTATION PTE LTD	SH 8358Z	RD 6187X	27/8/2018	\$ 2,089.88	\$ 814.45
4	MT/1009087-002	COMFORT TRANSPORTATION PTE LTD	SHA 4428Z	SJV 6885P	24/8/2018	\$ 6,595.38	\$ 5,236.10
5	MT/1008717-002	CITYCAB PTE LTD	SHC 7877E	SLA 3866B	24/8/2018	\$ 2,219.36	\$ 950.00
6	MT/1009120-002	COMFORT TRANSPORTATION PTE LTD	SHD 3624P	SIL 6504S	26/8/2018	\$ 6,844.92	\$ 1,510.06
7	MT/1008471-002	COMFORT TRANSPORTATION PTE LTD	SH 7842Z	FBK 6778T	22/8/2018	\$ 1,473.20	\$ 1,273.20
8	MT/1008626-002	COMFORT TRANSPORTATION PTE LTD	SHA 2462L	PC 6244T	23/8/2018	\$ 1,679.16	\$ 300.00
9	MT/1009154-002	CITYCAB PTE LTD	SHA 9452U	SJE 7737S	24/8/2018	\$ 2,731.58	\$ 650.00
10	MT/1008987-002	CITYCAB PTE LTD	SHA 621H	YN 8044B	26/8/2018	\$ 4,685.68	\$ 2,950.00
11	MT/1008975-002	CITYCAB PTE LTD	SHA 881Z	YP 2006R	26/8/2018	\$ 8,248.46	\$ 1,500.00
12	MT/1008414-002	COMFORT TRANSPORTATION PTE LTD	SHC 3331P	SLK 2650K	23/8/2018	\$ 3,696.80	\$ 2,050.00
13	MT/1008095-002	COMFORT TRANSPORTATION PTE LTD	SHA 3850T	FBK 1449B	17/8/2018	\$ 2,745.13	\$ 1,282.00

Claim received from LKK Auto

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/08/2018 12:00
Date Of Accident	24/08/2018 19:25
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT. (NEAR KIM KEAT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9452U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	HO TIAN SONG DAVID
NRIC No	S1222261J
Date Of Birth	17/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870372
Fax Number	
Contact Number	
Email Address	SHOWDAVE@GMAIL.COM

Address	BLK 256 PASIR RIS STREET 21 #06-273
Postcode	510256
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE7737S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NADINE MAINS
NRIC/Passport Number	
Contact Number	84045870
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/ mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
REG. NO. 199502839G



25/8/18
Jackson Tiong
CSO

Policyholder's Signature
Date & Time:

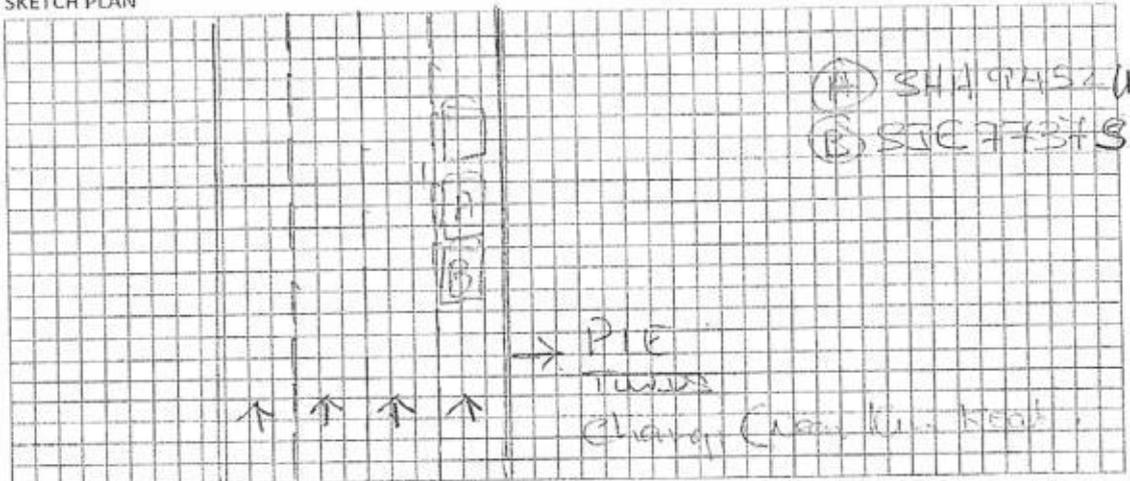
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1925 hrs, I vehicle A was driving along PIE toward Changi (near Kuan Keat road). On the other lane As a car in front of me applied emergency brake and stop. I also stop in time. Vehicle B (came from behind on of being vehicle A rear portion -

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CC. REG. NO. 199502839G

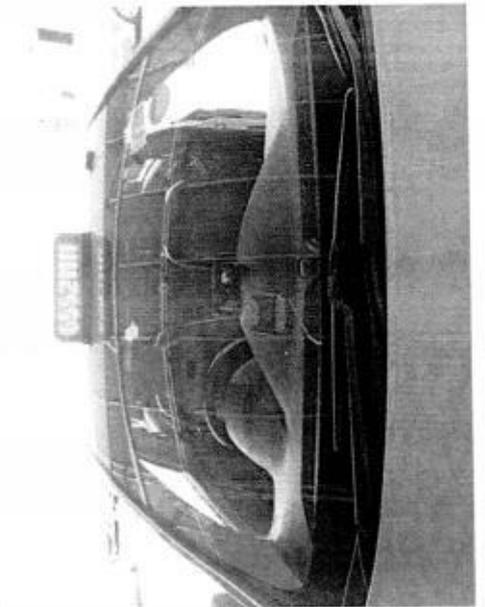
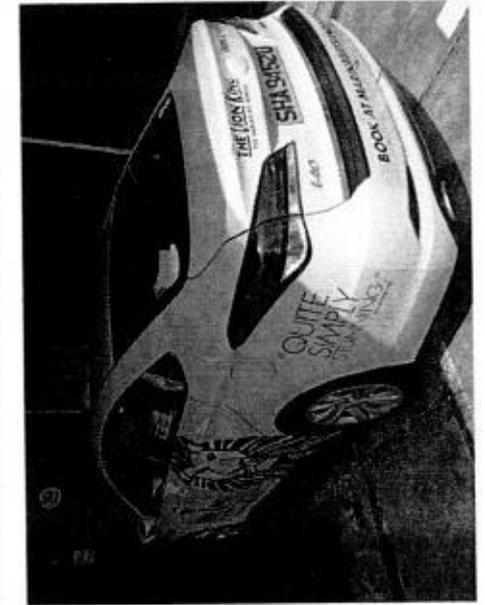
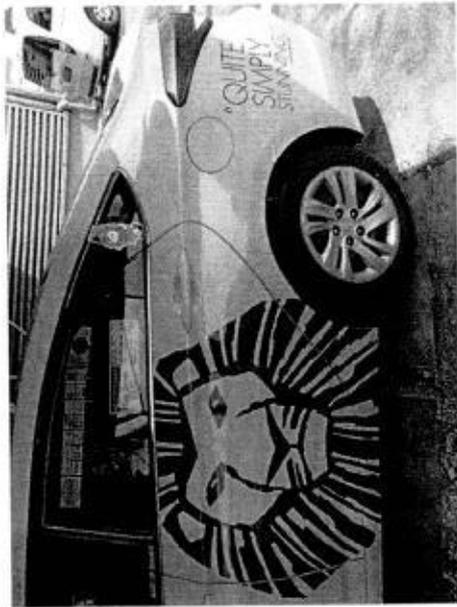
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/8/18

Jackson Hong
CSO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



CITY CAB PTE LTD
REPAIR ESTIMATE*

NTUC
PZ

VEHICLE NO : SHA 9452U

DATE 27/8/2018 10:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X sk</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sk</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X sk</i>			\$ 49.00
	Rear Bumper Clips <i>X 11</i>			\$ 22.00
	Rear Bumper Sponge <i>X sk</i>			\$ 143.40
	Rear Bumper Under Cover <i>— 64</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>X sk</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>X 11</i>			\$ 50.00 Nett
	Rear Bumper Advertisement Logo <i>— sk</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— sk</i>		\$ 100.00	\$ 200.00 Nett
				\$ 435.70
	Labour Charge			<i>200</i>
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>X 11</i>
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,731.58

Ka hui LKK
27/8/18 work
2 hrs
45
Atte Repair p hsk

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Workshops

59 Loyang Drive Singapore 508908 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 603286 501 Yishun Industrial Park A Singapore 768732
320 Upper Serangoon Singapore 530309

member of COMFORTDELGRO

Date/Time: 27.08.2018 08:57 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305204540

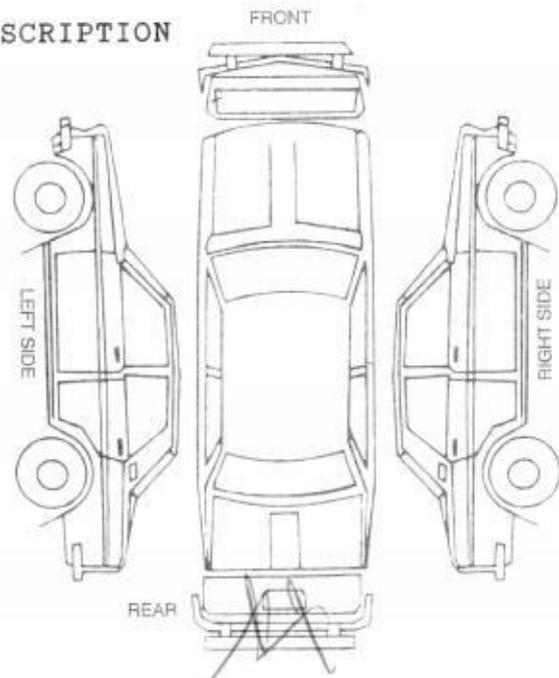
OMER CITYCAB PTE LTD 7010070 OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O) (R) (P) JUNT CARD NO.	REGN NO.: SHA9452U	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 25.08.2018 11:20
	YR OF MANU. 11.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU092602	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.08.2018
NATURE: 3P 24.08.18

S/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

Vehicle No.: **SHA9452U** **FZ NTUC**

Vehicle No.: **SHA9452U**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305204540

Date : 29.08.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9452U

Date of Accident : 24.08.2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJE7737S
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$650.00</u>
Final Lumpsum Repair cost	<u>\$650.00</u>

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kaly

Date : 29/8/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18015578/K1qbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 03-09-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 7737S	Veh. Inspected	SHA 9452U
Policy No.	5056230413-05	Coverage (\$)	0.00
Claim No.	MT/1009154-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092602	Colour	YELLOW
Odometer	288543	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/08/2018	Inspection Date	27/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9452U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-45.00
			1,525.88	180.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	250.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			770.00	400.00
GRAND TOTAL			2,731.58	830.00

Report Ref No. NS/INC18015578/K1qbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			650.00
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Report Ref No. NS/INC18015578/K1qbn2



KALVIN ANG WEI KUN

Automotive Assessor / Investigator



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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